

## APPLICATION FOR SOUTH CAROLINA ARCHERY IN THE SCHOOLS

Instructor Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_

School Phone \_\_\_\_\_

County \_\_\_\_\_

Physical Education Teacher \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

Signature of Principal \_\_\_\_\_

Please return this form to:

SCDNR Archery in the Schools  
Attn: Sgt. Dennetta Dawson  
Post Office Box 12559  
Charleston, SC 29422  
Fax (843) 953-9376